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ABSTRACT

This monograph, one of a series on disabled youth and the juvenile justice system, discusses the crucial role of advocacy for these youth, stressing the importance of understanding the connection between disabilities and problematic behavior. It describes the multiple barriers that often hamper youth with cognitive and other disabilities from receiving appropriate interventions that might help them avoid contact with the justice system or teach them new patterns of behavior after they have been incarcerated. Among suggested principles to guide advocacy are the following: (1) enforce the legal requirement that schools identify and evaluate children suspected of having cognitive disabilities; (2) provide child-serving professionals and families with needed information and tools; (3) establish a continuum of graduated interventions and sanctions; (4) provide a range of placement options in the least restrictive environments; and (5) encourage interagency cooperation to maximize the resources available. Advocacy strategies focus on the areas of research, public education and working with

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the media, individual case advocacy, coalition building, legislative or administrative advocacy, and litigation. Appended are a description of a model program for youth with cognitive disabilities and descriptions of 14 organizational resources. (Contains 31 references.) (DB)

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ED 471 171

# ADVOCATING FOR CHILDREN WITH BEHAVIORAL AND COGNITIVE DISABILITIES

## IN THE JUVENILE JUSTICE SYSTEM

By Carl R. Smith, J

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# Advocating For Children with Disabilities in the Juvenile Justice System

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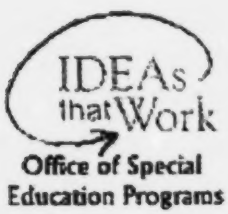

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There is a desperate need for greater advocacy on behalf of young people with cognitive and other disabilities who find themselves at risk of entering or being placed in the juvenile justice system. Their impairments can cause learning disabilities, attention deficit/hyperactivity disorder, mild mental retardation, emotional/behavioral problems, and an array of conditions that can be described as mental illness. Most of these young people are unaware of the connection between their disabilities and their problematic behavior. They rarely receive a comprehensive assessment of their impairments or receive services or supports for their disabilities. Many face other challenges as well, including substance abuse, poverty, family conflicts, and racism.

Five major agencies serve youth with disabilities who are at risk of entering the juvenile justice system: education, mental health, child welfare, juvenile justice, and health. Advocacy to improve services for these young people must address both the individual and the collective responsibilities of all five child-serving agencies. Consequently, organizing advocacy for this population presents a number of opportunities and challenges given the different perspectives, funding streams, and eligibility criteria of each child-serving system.

Across the country, there are numerous ongoing advocacy efforts on behalf of children with disabilities. There are also advocacy groups that represent the interests of youth who are involved in the juvenile justice system. However, there is no organized constituency for youthful offenders who have disability-related issues and few agencies provide direct services to these young people. As a result, many youth with disabilities do not receive help when their behavior places them at risk of entering the juvenile justice system or after they are first arrested. Their impairments are generally misunderstood or are ignored, and these youth are placed in detention centers or prisons without any assessment of their disabilities. Once they have been incarcerated, these youth generally do not receive help learning skills that will enable them to break their cycle of misbehavior. In short, the adjudication process for juvenile offenders has made little provision for youths with disabilities.

Studies reveal that cognitive and other disabilities (including learning disabilities and attention deficit hyperactivity disorder) are prevalent among juvenile and adult offenders (Brier, 1994; Bilcheck, 1998; Edens & Otto, 1997; and Wexler & McClelland, 1996). Some studies show that up to 75 percent of young offenders have a cognitive deficit, including a learning disability (Henteleff, 1996). A recent study of 2,000 adjudicated youth revealed that nearly 50 percent had histories consistent with a diagnosis of attention deficit hyperactivity disorder (Goldstein & Goldstein, 1992) (For more information on prevalence rates see: Rutherford, Bullis, Anderson Wheeler, Griller-Clark, this series). Once they have entered the system, these youthful offenders often do not receive the necessary accommodations or treatments that would increase their chances for successful rehabilitation. With their needs not properly identified or addressed, youth with mental health disorders become mired in the justice system and denied an opportunity to improve their lives.

Any discussion about the needs of youth with disabilities in the justice system must be balanced with society's need for order and safety. Society believes that punishing criminal behavior is necessary because it holds offenders accountable. It is intended to deter future criminal behavior by teaching that crime does not pay. It is also meant to redress the suffering of crime victims, and to make society safer for all citizens by removing offenders from society.

Juvenile justice systems–as opposed to adult corrections systems–should place a greater emphasis on rehabilitating offenders to prevent them from participating in criminal behavior after they exit the system. The goal of rehabilitation is to benefit the individual child as well as society as a whole. Sadly, both juvenile and adult offenders experience high rates of recidivism. One judge in Dallas, Texas, acknowledged the problem: "The numbers are appalling...whatever we're doing, it doesn't seem to be appropriate for the kinds of young offenders and their families we're seeing today" (Everbach, 1995, p.1A).

This monograph describes some barriers that hinder the ability of youth with cognitive and

other disabilities to receive appropriate interventions that might help them avoid contact with the justice system or teach them new patterns of behavior after they have been incarcerated. This monograph suggests principles to guide advocacy for this population to help reduce their risk of entry into the juvenile justice system and to increase services for those who are already incarcerated so that the risk of recidivism may be reduced. In conclusion, a number of specific advocacy strategies are suggested. The monograph is organized into three sections: Barriers Faced by Youth with Cognitive and Other Disabilities, Principles Guiding Advocacy for Youth with Cognitive and Other Disabilities, and Advocacy for Youth with Cognitive Disabilities at Risk of Entering or Being Placed in the Juvenile Justice System.

## Barriers Faced by Youth with Cognitive Disabilities

*'Our children and families have prevailed in spite of the system. They have remained strong without supports and courageous without hope. They are surviving in chaotic and distressed situations, yet they have been able to find ways to meet their needs. They are persistent in their attempts to obtain resources and diligent in working their way through a number of bureaucratic mazes. They understand the impact of policies even when policy-makers do not. They are respectful even when they have not been respected (Smith, Sweeney, Kay & McInerney, 1997, p. 22).*

Too often, the needs of children in the juvenile justice system who have disabilities are not addressed or their conditions go undiagnosed. Often this leads to disastrous outcomes for both the young people and society. Among the barriers faced by these youth are the following:

- Many child-serving professionals have little understanding of how cognitive and other disabilities affect children's behavior.
- The general public believes that young people who act out can control their actions and simply choose to misbehave.
- Parents are often blamed when their children misbehave because it is assumed that they cannot control them.
- Children with disabilities often have parents who face similar issues, although these adults have never been diagnosed or received appropriate treatment or services.
- Policy-makers, child-serving professionals, and society often do not agree that youth with disabilities deserve specialized services, especially when they have been charged with criminal violations.
- Policy-makers generally respond to juvenile crime by passing tougher legislation that causes youth and adult offenders to be treated similarly.
- Families, communities, and child-serving agencies lack appropriate information, training, and support to help youth that have disabilities.
- Resource limitations force child-serving agencies to make arbitrary decisions about which youth with disabilities qualify for services.
- Public financing generally supports restrictive, residential placements for youth with behavioral problems, especially once they have been charged with a criminal offense.
- The juvenile justice system is not designed to adequately identify or provide services for troubled youth with disabilities that need specialized educational or mental health treatment and services.
- Funding mechanisms and eligibility criteria inhibit collaboration among the different agencies that serve youth with disabilities.
- Comprehensive, family-oriented, community-based interventions for youth with mental disabilities are inadequate or nonexistent.
- Agency and court personnel frequently tell families that the only way to obtain community-

based mental health services for their children is to relinquish custody of them to the state. Families are consequently extremely reluctant to ask public agencies for help because they fear losing their children.

- Families whose children are placed in the juvenile justice system find the experience so painful and demoralizing that they frequently need help to navigate it and to obtain appropriate assistance for their children.

To help them deal with these barriers, youthful offenders with disabilities need services that address the full range of their educational, vocational, emotional, social, and medical needs. The timing and intensity of services and interventions will vary. However, like many physical illnesses, behavior problems that are diagnosed and treated early can be treated less expensively, more efficiently, and more effectively than problems that are caught later.

Prevention, generally acknowledged as the most cost-effective strategy to reduce juvenile delinquency, should be the primary focus of programs serving youthful offenders with disabilities (see Leone, Quinn, and Osher, this series). Experts recognize the importance of working toward "...directing and redirecting our attention in making prevention a high priority for sustained funding, policy, and service delivery. Prevention works, and it is well worth the investment." (Walker et al., 1996, p. 207).

A critical companion to prevention is early intervention. Together, these strategies can help ensure that small problems do not develop into big ones. Through research, different risk factors have been identified in individuals, schools, and communities that contribute to the development of antisocial behavior (Cessna, 1993). The success of early intervention depends on properly identifying potentially at-risk children before they enter the system. This means that all students should be "screened proactively at the point of school entry to identify those who show the early signs of antisocial, aggressive behavior patterns that put them at risk." (Walker et al., 1996, p.196).

It is important to note the necessity of balancing early intervention and treatment with the privacy and civil rights of individuals. At best, disability labels help secure individualized services that help children gain competencies and eventually more positive outcomes. At worst, they can stigmatize and isolate individuals and possibly violate their civil rights. One observer writes:

> The labels given to students by schools and law enforcement systems–dropout, at risk, slow learner, retarded, behavior problem, drug abuser, truant, emotionally disturbed–often do little more than to describe overt behaviors that adults in the system want to change, rather than to suggest ways to help children. (Esposito, 1998, p. 4).

Developing a Needs-Driven Approach

Rehabilitative efforts may be unsuccessful in part because they fail to consider the effects of disabilities on children's learning and behavior. Data on program outcomes substantiate the importance of matching services to individual needs to increase program effectiveness and reduce recidivism. One expert (Anderson, 1998) reports that 80 evaluations of rehabilitation programs revealed an important distinction between programs that matched individual services with the offenders' needs and learning styles and those that did not. The analysis showed that when programs aligned interventions with individual needs, recidivism was reduced by as much as 50 percent.

When systems take a needs-driven (Cessna, 1993) approach as soon as children are identified as having problematic behaviors, youth with cognitive disabilities can benefit. The goal should be to help young people with cognitive disabilities avoid incarceration by providing them with the tools they need to develop alternative life paths. If children are identified after antisocial behaviors are firmly entrenched, they will need a greater number of comprehensive, intensive interventions than if they had been reached earlier. Research, however, shows that even then needs-driven interventions can make a difference (Howell, 1995). And, even though these programs cost more than early

intervention and prevention programs, they are still less expensive than incarceration (Greenwood, et al., 1996). Unfortunately, there are few such programs.

A needs-driven approach for youth at risk of entering or already involved in the juvenile justice system would be characterized by five core concepts:

A disability perspective should be part of the adjudication process. A thorough assessment should be performed so that appropriate services and treatment can be obtained. There is evidence that the unlawful activities that bring youth with attention deficit hyperactivity disorder into the juvenile justice system may be related to impaired impulse control (Goldstein, 1997). While having a disability doesn't excuse criminal behavior, youth who have disabilities need an opportunity to master alternative, appropriate behaviors. A proper diagnosis of their disabilities–along with a functional behavioral assessment–can help youth begin to understand how their disabilities affect their negative behaviors. They can begin to learn replacement behaviors. In addition, appropriate medical, pharmacological, and psychological treatments, if warranted, can help youth learn new behaviors.

Youth should receive the necessary assistance to develop academic, social, emotional, and behavioral skills through training, support, and remediation. It is critical that programs address all areas of youth development. Studies show that poor academic performance is related to antisocial behavior and that both are influenced by characteristics such as low intelligence, inattention, hyperactivity, and impulsivity (Maguin, & Loeber, 1996).

Youth should have opportunities to maximize their strengths and develop positive skills so they can become productive community members. Programs should help youth develop the ability to form meaningful relationships that connect them with their families, schools, and communities. It has been said that "relationships are to development and learning what location is to real estate," (Comer, 1998). The success of well-structured mentoring programs attests to how critically important it is for youth to establish a positive connection with at least one strong adult in their lives. This one adult–who believes in the child and provides firm guidance, unconditional love, and support–is key to helping children overcome the negative effects of risk factors (Gregg, 1996). This adult may be someone outside the immediate family who can support the child in his or her efforts to change troublesome behaviors (Coontz, 1997).

Youth should receive assistance with their "spiritual journey" so that they may find meaning in their own lives. One expert (Coles, 1997) has documented the importance of the "search for meaning" in all of our lives. The nihilism and aimlessness that are evident in youth culture indicate that a number of young people are searching for meaning and direction.

Youth should receive appropriate support and interventions to help them avoid initial incarceration, but these services also should be available to them during any subsequent incarceration and after release. The majority of families are doing the best they can, often with strained family resources and limited knowledge of how to get help (Wilson, 1983). Since some mental disorders, including learning disabilities and attention deficit hyperactivity disorder, are often inherited (Barkely, 1998; and Pennington, 1991), parents may have difficulty negotiating the system and successfully advocating for their children because of their own disabilities.

## Principles Guiding Advocacy for Youth with Cognitive Disabilities

*I have attended court many times over the last six years with teenagers who suffer with diagnosed and undiagnosed dyslexia and/or attention deficit disorder. Every time I sit in the Santa Barbara Court House, waiting for one of my teenage clients to stumble down the shiny corridors of this magnificent building with shackles around his ankles, I can not stop agonizing over who committed the crime. Has the crime been committed by the teenager who has not been taught to read and write or by society for ignoring the dyslexic child who learns how to read and write in a different way? ...Sad to say, the child bears the full responsibility for his actions related to this*

*medical condition and finishes up undiagnosed in the juvenile justice system (Esposito, 1998, p.14).*

To avoid the personal and social costs of delinquent behavior, the nation needs more appropriate treatments for youth with disabilities that are at risk of entering the juvenile justice system. These treatments should rehabilitate antisocial behavior and promote responsible citizenship so that both the individuals and society can benefit. Youth with cognitive disabilities can become productive members of society if their impairments are addressed early and they have opportunities to develop their abilities and skills. Experts recognize that there must be a knowledge base in order to identify and develop effective policies, but the political will must be present to implement a successful long-term strategy (Walker et al., 1996).

Youth who have cognitive disabilities may trigger such negative reactions because their conditions, although invisible to the untrained eye, impair self-regulation, emotional control, and neurological functions affecting behavior. Their impairments also interfere with their ability to interact in appropriate ways. The net effect of all these factors is tremendous ambivalence about whether or not youthful offenders with cognitive disabilities deserve treatment and services. And, if they do, what is the to best way to provide this assistance.

Using Federal Legislation as a Model for Advocacy. Developing a long-range plan to help youth with disabilities avoid contact with the juvenile justice system requires acknowledging the need to intervene early, partly by enforcing the existing federally mandated entitlement to special education and related services. The Individuals with Disabilities Education Act (IDEA), modified by the IDEA Amendments of 1997 (P.L. 105-17) protects the right of youth with disabilities to receive a free appropriate public education. It still provides a basic entitlement to special education services for incarcerated youth although the new amendments limit those rights depending on the youth's age and where he or she is incarcerated. A critical area in advocacy continues to be identifying students with cognitive disabilities early enough so that they can receive services that can help them avoid problems later on.

IDEA is an important model to consider when planning services for youthful offenders who have disabilities. It offers ways to identify children with disabilities, ways to assess their needs, and ways to design individualized services and supports to help them meet expectations for performance and behavior. Under IDEA, students are entitled to an Individualized Education Program (IEP) that specifies the special education and related services each student needs.

In theory, all children with disabilities should be identified early by school systems so that they can receive special education and related services. This identification and intervention can begin very early since children ages three to five and their families may qualify for the services mandated by IDEA.

However, since schools frequently do not identify students who have disabilities, the assessment process could be strengthened if the juvenile justice system were to screen young people for disabilities when they are first arrested. Students who enter the juvenile justice system with an IEP should continue to use it to guide their educational goals and objectives while they are incarcerated. For students with cognitive disabilities who enter the juvenile justice system without an IEP, a plan should be developed that addresses their service needs while they are incarcerated. One suggestion is to develop something similar to an IEP, perhaps an Individualized Justice Plan (IJP) (Snyder,1991; Morton, 1983) for these young people. An IJP could add the justice perspective to service provision even for those students who already have an IEP.

There are eight key principles that can guide advocacy and services for youth with cognitive disabilities who are at risk of entering, or who are already placed in, the juvenile justice system. These principles build upon the philosophy of IDEA.

Principle 1: Enforce the legal requirement that schools identify and evaluate children suspected of having cognitive disabilities so that appropriate services can be planned and provided.

Under IDEA, children who qualify for special education services must have IEPs that address their learning and behavioral needs. This law also entitles eligible children under age three to Individualized Family Service Plans (IFSP). Such plans can enhance families' capacity to support their children with disabilities.

Children should be screened as early as possible so that individualized, comprehensive education and treatment programs can be developed and maximized. These programs should have measurable performance goals based on a thorough assessment of the child's strengths and weaknesses. Courts and states should monitor results of these programs to assess whether the interventions and treatments are effective and to make program modifications as needed.

Principle 2: Provide child-serving professionals, communities, and families with the information, skills, and tools they need to help children and youth with cognitive disabilities. Professionals who work with children and youth that have disabilities need training and information about how these disabilities affect learning and behavior. More information about the practices that most effectively rehabilitate juvenile offenders with disabilities will improve professionals' ability to prepare them for learning, work, and responsible citizenship.

Surveys conducted by the Center for Effective Collaboration and Practice show that all adults involved with children at risk of delinquency–parents, teachers and school administrators, juvenile justice and corrections personnel, and policy-makers–need information and training about how to recognize, evaluate, accommodate, and treat disabilities appropriately (Center for Effective Collaboration and Practice, n.d.).

Principle 3: Plan to establish a continuum of graduated interventions and sanctions. Research has shown that the programs most likely to rehabilitate youthful offenders address key risk factors that contribute to their antisocial behavior, including disabling conditions that affect behavior and learning (Howell, 1995). Such programs offer a continuum of graduated, intensive, and comprehensive interventions and sanctions. These interventions are designed to meet the child's needs; to promote cognitive, social, emotional, and behavioral development; to provide adequate support to children, families, institutions, and communities; and to be delivered in the least restrictive environment possible to preserve public safety (Howell, 1995).

Because behaviors that lead to a youth's involvement with the juvenile justice system develop over time, there is a need for graduated interventions and sanctions. Special education operates similarly by providing a continuum of options to "match the intensity and nature of interventions with the severity and intractability of students' adjustment problems."(Walker, et al., 1996, p. 196). Although courts are losing flexibility in sentencing for certain offenses (e.g. mandated sentencing laws and three strikes and you're out policies), effective sanctions should align the punishment with the crime and when sanctions are not effective, they should be modified or terminated. Many individuals have difficulty understanding the connection between their actions and the consequences of their actions. Requiring juvenile offenders with disabilities to make direct restitution to their victims, when appropriate, can establish the link between actions and consequences and help reintegrate juveniles back into their communities. Community-based sanctions for youthful offenders, as opposed to incarceration, are more likely to provide these youth with opportunities to build restorative relationships that can have a positive influence on their behavior (Howell, 1995).

Principle 4: Provide a range of placement options in the least restrictive environments so that young people can remain in regular environments to the greatest extent possible. This approach recognizes that it may be necessary to remove youth from their communities in order to address severe problems or ensure public safety. Youthful offenders are most effectively rehabilitated when they can remain with their families and in their communities (Howell, 1995; and Kumpfer &

Alvarado, 1998). Likewise, programs that work to strengthen families and communities can help reduce antisocial behavior in these children (Kumpfer & Alvarado, 1998). Alternatives to incarceration—including intensive monitoring and supervision, day treatment programs, wraparound services, and temporary placement options—offer cost-effective ways to deliver services and administer sanctions in environments that are conducive to rehabilitation. However, when children with mental and other disorders must be institutionalized, hospitalization should be available as an alternative to detention.

Principle 5: Encourage interagency cooperation to maximize the resources available and provide comprehensive services that address the multiple needs of children and their families. Services for youth with disabilities in the juvenile justice system must be comprehensive, multidisciplinary, and multimodal. To properly address all of a child's needs—cognitive, social, emotional, and behavioral—these services should involve families, justice and correctional personnel, teachers, medical and mental health professionals, and other support personnel (See Leone, Quinn, & Osher [this series] for a discussion on collaboration). Appropriate interventions for specific youth can be planned only after a thorough assessment of these youths' strengths and weaknesses.

Youth with cognitive disabilities who enter or are at risk of entering the juvenile justice system often require a combination of the following services:

- psychiatric or psychological evaluation;
- pharmacological treatment;
- regular primary and preventive medical treatment;
- behavior modification;
- counseling;
- substance abuse treatment;
- anger management training;
- comprehensive education services to help develop youths' academic, social, and vocational skills so that they can attain a high school diploma or GED;
- career-oriented programs that teach social skills, time management, organizational strategies, and personal habits of punctuality, grooming, dependability, and cooperation with others;
- job training, mentoring programs, and community service programs that give youths contact with adults and older teens who can serve as role models and help break the negative influence of peer groups; and
- transition services.

Principle 6: Provide accommodations, supports, and services for youthful offenders as they make the transition from incarceration back into the community. This will help ensure that they are educated, ready for employment, and able to live independently. Youthful offenders require special assistance to ensure their successful reintegration into the community and public schools. They need intensive aftercare and transition services to help them maintain progress, establish new behaviors, and avoid recidivism. After they exit the justice system, these young people need to resume their education, begin job training, or find a job, as appropriate. Some may even be unable to return to their families and will have to find housing. Locating appropriate transition services for youth with disabilities that help them lead independent lives is always challenging—even more so when they have the stigma of involvement in the justice system.

Principle 7: Provide safeguards to protect the civil rights of youth with cognitive and other disabilities, both before and during incarceration. IDEA has built-in safeguards to protect the civil rights of youth and to address the overrepresentation of racial minorities among youth identified for special education. A major protection for youth with disabilities under IDEA is that students with

disabilities who are adjudicated or incarcerated are still entitled to receive their educational services. Responsibility for providing these services usually transfers from the sending school to the juvenile facility in which they are held.

In almost every state, minority youth are over-represented at every stage of the juvenile justice system, especially in secure confinement (OJJDP, 1998). This situation is called "disproportionate minority confinement" and under current law, states that are affected are required to make efforts to reduce the number of minority youth in their detention and correctional facilities. There are currently efforts to repeal this requirement.

Principle 8: Provide support for children, families, and communities. Children and their families need support during all phases of the adjudication process. There are different stages of involvement in the juvenile justice system. These include arrest or release, investigation, adjudication, placement and post-custody release. It is particularly helpful if court and correctional personnel have some awareness and understanding about youth with disabilities and some familiarity with effective programs that may be able to help prevent them from becoming incarcerated. Just as an Individualized Education Program (IEP) addresses educational and related services that youths need to achieve their educational objectives, an Individualized Justice Plan (IJP) could similarly address the services juvenile offenders need. The IJP could be structured similar to the IDEA's Individualized Family Service Plan (IFSP) that is required for very young children with disabilities. The comprehensiveness and focus on the child **and** his or her family that characterizes the IFSP can serve as a model to provide support to families while their children are incarcerated and upon their release, to ensure successful reintegration into the family and the community. Organizations such as the Parent and Training Information Centers (PTIs), and other family-run groups or non-profit legal organizations could be funded to provide individual assistance and support to families.

## Advocacy for Youth with Cognitive Disabilities Who Are at Risk of Entering or Placed in the Juvenile Justice System

We have excellent examples of promising and preferred practices, and we can make accurate statements about effective approaches and practices that are likely to have a significant effect and produce desirable outcomes for children and youth with antisocial behavior and their families. However, policies, structures, opportunities, and contingencies must be in place that ensure a sustained commitment toward implementation and evaluation over the long term (Walker et al., 1996, p. 204).

Research strongly suggests that recidivism among juveniles with cognitive disabilities will only decrease if the juvenile justice system incorporates a disability perspective. There is sufficient evidence that incarcerating juvenile offenders in general is not the most effective solution, especially when they have undiagnosed and untreated mental impairments. Effective, relatively inexpensive programs exist that can turn lives around and spare society the personal and financial costs of criminal behavior (Ingersoll & LeBoeuf, 1997).

At the present time, youthful offenders are not a popular group given the high visibility of violence in schools. Historically, there has never been a strong voice advocating for this population of young people because advocacy groups tend to represent the general interest of one group only—either low-income children, children with disabilities, or children in the juvenile justice system (See Table: Type of Advocacy Group Focus). Unfortunately, there is often little crossover in terms of advocacy among these groups. The sad consequence is the absence of organized advocacy that could help improve services and supports for youthful offenders with disabilities.

However, each children's advocacy community has special expertise in different areas, which is important for young people with behavioral problems who risk entering the juvenile justice system or who find themselves incarcerated. If the different children's advocacy communities were to work together collaboratively, they could help provide the advocacy for this ignored population

that is now missing.

Table: Type of Advocacy Group

| | Youth with Disabilities | Juvenile Justice | Low-Income Children |
|---|---|---|---|
| Key Interest Areas | • special education and related supports<br>• community-based programs as alternatives to institutional care<br>• access to health and mental health services | • prevention programs<br>• alternatives to incarceration for less serious offenders<br>• disproportionate minority confinement, runaway and homeless youth | • income assistance<br>• access to health care<br>• improving child welfare services<br>• decreasing time spent in foster care |
| Expertise to Share for Juvenile Justice Issues | • understanding connections between mental and cognitive impairments and behavior<br>• developing family-focused treatment plans<br>• organizing and training parents | • improving treatment and services for youth who are incarcerated<br>• promoting prevention programs to reduce incarceration of youth | • developing broad-based coalitions to achieve policy changes<br>• organizing legislative and administrative advocacy for policy changes |

Case or Class Advocacy

Advocacy on behalf of youth with disabilities who are in the juvenile justice system can focus on either (1) helping individual families obtain services and supports for themselves and their children or (2) using the collective experiences of individual families to inform elected officials, program administrators, and the public about ways to make policies more responsive to the needs of this population. For a description of an advocacy program designed to assist youth with disabilities involved in the juvenile justice system and their families see Appendix A.

Representing specific individuals on a case-by-case basis is generally called "case advocacy" while representing the interests of a group of individuals is referred to as "class advocacy." The goals of case and class advocacy for children and youth with disabilities are remarkably similar: Both seek to remove barriers to services and treatment; to increase the availability of necessary accommodations; and to promote the maximum degree of self-sufficiency and economic independence. Although advocates have similar goals when undertaking case or class advocacy, the strategies they use to achieve their goals may differ.

Individuals who may benefit from case advocacy often lack basic information about their legal rights and the availability of services. They may require varying degrees of assistance and support from advocates to obtain the services that they need or to which they may be legally entitled.

Class advocacy involves a number of individuals who face many of the same obstacles listed above. These individuals, however, want to use their collective experiences to change public attitudes, correct misinformation, and promote policies that would address their own situations. Some advocates prefer to focus their efforts on trying to change public policies and laws, rather than representing specific individuals, because they believe that systemic change will, in the long run, help more individuals.

Possible Advocacy Strategies

The barriers faced by youth with disabilities who are at risk of entering the juvenile justice system are complex because they involve a number of different child-serving agencies. The process of building collaborative interagency relationships among education, mental health, child welfare, juvenile justice, and health providers is challenging, but it can be done. Successful case or class advocacy for this group of youthful offenders requires a multi-pronged response that utilizes a variety of approaches. Advocacy strategies to consider include:

- Research,
- Public education and working with the media,
- Individual case advocacy for youth and their families,
- Coalition building among concerned families, advocates, and professionals,
- Legislative or administrative advocacy, and
- Litigation.

Each of the advocacy strategies and specific activities to consider are described in the section below.

Research. The goal of advocacy in research is to promote research about the nature of cognitive disabilities and effective treatments and services to ensure that youth with cognitive disabilities may avoid the juvenile justice system. Or, if the youth are already incarcerated, that they may receive the most appropriate interventions to reduce their risk of recidivism.

Most people believe that behavior and misbehavior are choices that reflect acts of free will. Behavior, however, results from more than a simple decision. On a biological level, it can involve brain functions that are beyond a person's control. Through research, it is now understood that different factors affect how brain systems function and how they initiate, inhibit, and regulate behavior (Barkely, 1998; and Pennington, 1991). These factors include genetic inheritance, illness, injury, insult, and even environmental stress. As a result, the ability to control one's behavior—and to act morally—is affected by whether the brain is functioning normally so that self-regulation is possible.

Research is critically needed in certain key areas:

- To understand the connection between children's mental health and violence committed by young people, research is needed about neurobiological conditions that impair self-control, social interaction, emotional control, and the ability to connect actions with consequences—as well as reading, writing. and arithmetic.
- To evaluate how to reduce and ultimately prevent the occurrence of youthful offenders, research is needed to evaluate demonstration programs that provide different treatments and services to help these youths stop their cycle of misbehavior and become productive community members.

Advocacy activities include:

- Publicize the need to research childhood mental disorders and the link between disabilities and juvenile offenders.
- Visit public officials to request additional funds for a Federal research agenda on childhood mental disorders.
- Seek private funds to supplement a Federal research agenda on childhood mental disorders.
- Provide forums at a wide range of child-serving professional meetings and conferences to share current research about childhood mental disorders and juvenile offenders.
- Encourage local and state officials and academic institutions to support community-based research on effective intervention and prevention practices.
- Sponsor publications that can highlight research on effective intervention and prevention practices.

Public Education and Working with the Media. The goal of this strategy is to develop and distribute accurate information based on solid research findings to strengthen public and political interest in helping youth with disabilities to avoid entering the justice system and to assist those who are already incarcerated.

A commonly held belief is that young people who misbehave have made independent decisions about their actions informed by their own morality or lack thereof. In response, society continues to punish youthful offenders in order to change their misbehavior. Punishing youth for behavior that results from differences in the way their brain functions is as ineffective as punishing a child because they don't see or hear well enough. In fact, punishing youth that have disabilities for their misbehavior may only aggravate the situation by increasing their anxiety and/or depression, which could trigger further aggression.

In contrast, a disability perspective does not excuse misbehavior, but instead provides ways to encourage children to learn more positive behaviors. For example, instead of excusing the actions of a child with a visual impairment after she has crashed into other people, she is taught how to use a cane or provided with a Seeing Eye dog to avoid future incidents. Similarly, accommodations and positive strategies can help young people with cognitive disabilities to succeed in school, to learn to control their behavior, to develop appropriate social relationships, and to avoid involvement with the juvenile justice system.

Advocacy activities include:

- Develop and distribute information about successful interventions to child-serving professional journals and newsletters, as well as magazines and newspapers aimed at the general public.
- Organize activities that focus on youthful offenders as part of larger violence prevention initiatives. Example: develop violence-prevention resource kits that emphasize specific strategies for young offenders.
- Develop a training/informational video for parent groups, school personnel and law enforcement staff on childhood mental disorders and the effects of cognitive impairments.
- Develop seminars and training events for professionals who may have contact with youthful offenders. Examples: juvenile and family court judges, attorneys and probation officers, police officers, state and local affiliates of interested national organizations, school administrators, teachers, and other personnel.
- Make presentations to community, professional, and parent groups about how to advocate for and eventually develop a comprehensive range of programs to help youth with cognitive disorders who are at risk of entering the juvenile justice system and for those who are incarcerated and also in need of services.
- Distribute information about effective research-based programs that serve youth with disabilities in the juvenile justice system. Target information toward policy-makers at all levels of government–~~l~~ocal, state, and Federal–~~a~~s well as toward all child-serving personnel who work with youth who have cognitive disabilities and who are at risk of entering or are already involved in the juvenile justice system.

Individual Case Advocacy of Youth and Their Families. The goal of this strategy is to provide information to help individual families obtain necessary services for their children who have cognitive impairments and refer them, when necessary, to sources of legal assistance. General misunderstanding about the impact of cognitive impairment on behavior creates a tremendous need for individual case advocacy. An excellent example is the common problem of misbehavior that often accompanies learning disabilities. Youth with dyslexia and other learning disabilities need accommodations that can only be provided through an individualized program with special instructional techniques that will help them become successful learners. In general, the misbehavior of youth with learning disabilities is addressed rather than the problem–~~t~~heir inability to read.

In some families, the parents themselves may have cognitive disabilities that impede their ability to advocate for their children or participate in the adjudication process. Families may need help

understanding court proceedings and legal terminology; completing complex, lengthy forms; and presenting the necessary information to court personnel. Getting through the legal system is, at best, onerous for parents who don't have learning disabilities. For parents who do have disabilities, it is nearly impossible.

Advocacy activities include:

- Educate parents about the connections between misbehavior and cognitive impairments and also about the legal penalties that their children may incur for certain offenses.
- Assign staff in local affiliates or chapters to provide individual assistance to youth and their families who need services or treatment. This may help youths to avoid contact with the juvenile justice system.
- Operate a hotline to refer families to attorneys and advocates who can provide individual representation.
- Assign staff to help young people with cognitive disabilities that have been arrested and their families. Consider hiring or arranging for part-time assistance from an attorney who is knowledgeable in the area of juvenile justice.
- Organize ceremonies for individual teens who have disabilities to recognize and reward achievement at home, at school, and in the community.

There are several national resources for professionals, advocates, and families. Appendix B contains a list of some of these organizations as well as contact information.

Coalition Building. The goal of coalition building is to build a strong constituency among families, advocates, and professionals who can help change negative public policies affecting youthful offenders with cognitive disabilities. Advocacy on behalf of a group of individuals is always strengthened when a wide cross-section of people speaks on behalf of the group. The value of a broad-based coalition is especially apparent when the group being represented is largely misunderstood. Youth with cognitive disabilities who act out are a prime example of a group that needs the advocacy efforts of a coalition of educators, mental health and addiction disorder service providers, juvenile justice experts, correctional personnel, policy chiefs, families, program administrators, policy-makers, and families. Members of this coalition—despite their wide-ranging interests—are united by their belief that the most cost-effective and reliable way to help youthful offenders with cognitive disabilities is to identify them as early as possible; to provide a comprehensive assessment to determine how to address their needs; to provide the necessary intervention services; and to ensure access to prevention programs before the problems become so serious that the youth face criminal charges.

Advocacy activities include:

- Developing a long-range action plan for the coalition that will help broaden support for prevention programs for this population.
- Collecting information from existing research to document why prevention programs are cost-effective and how they provide appropriate interventions for youth with cognitive disabilities.
- Selecting one or two priority activities for the coalition's initial work. Pick an issue that might be an "easy win" to help the coalition attract positive media attention that will help future advocacy efforts.
- Finding one or two "big names" to increase the coalition's visibility and help gain broader support for the coalition's goals.
- Developing an inventory of prevention programs that youthful offenders with cognitive disabilities can share with coalition members, appropriate local and state program administrators, police and juvenile court personnel.

Legislative or Administrative Advocacy. Policy-makers and child-serving professionals do not always agree that youth with behavioral problems deserve special attention. Just as people once thought that infirmities such as blindness, epilepsy, and leprosy were a punishment for sins, many

now may believe that "delinquents and their families" have caused their own troubles. This issue, of whether or not youth "deserve" assistance, influences the extent to which both the public and policy-makers support making services available.

The public is now more attentive to juvenile justice issues (Anderson, 1998), especially because of the recent school shootings. At the same time, the political mood in the United States is increasingly punitive toward people who are thought to live outside the mainstream of American life. In this climate, existing legislation such as the IDEA Amendments of 1997, which protect the rights of youth with behavioral disorders to receive a public education and related services, is attacked by people who believe that certain troubled children do not deserve an education.

The goal of legislative or administrative advocacy is to change the negative policy climate surrounding youthful offenders who have cognitive disabilities in order to increase the availability of appropriate diversion programs as well as treatment and services for those who are incarcerated.

Advocacy activities for this strategy include:

- Creating a list of legislative budget decisions that would support developing and expanding prevention, early intervention, and diversion programs.
- Tracking legislative funding of prevention, early intervention, and diversion programs. This information can be used for public education activities and to demonstrate to the media how limited these resources are compared to the costs of incarceration.
- Identifying concerned county or state legislators who want to improve initial assessments of youth who have been arrested.
- Working with county and local school districts to promote school-based interventions to help youth with cognitive disabilities avoid contact with the juvenile justice system.
- Encouraging collaboration between juvenile justice, mental health, and substance abuse systems to identify youthful offenders who could be diverted into community-based mental health treatment programs instead of sentenced to a juvenile justice facility. If incarcerated, these youthful offenders should receive the appropriate mental health and addiction-disorder services.
- Promoting cross-system training among mental health, juvenile justice, and substance-abuse agency personnel as well as the police and court personnel to provide information and discuss ways to improve collaboration.

Litigation. The goal of this strategy is to obtain the least restrictive environment for youthful offenders with cognitive disabilities to better address their disabilities and to improve access to treatment for those who are incarcerated. Successful advocacy requires the flexibility to try a variety of strategies over a sustained period of time. Even if a particular strategy does not work at one point in time, it may be effective later. Under certain circumstances, advocacy may succeed best if there is a "meeting of the minds" between individuals who have very different interests. This can sometimes be achieved through negotiation, with each side indicating their preferred outcomes and agreeing, through discussion, about what each can ultimately accept. When negotiation fails, litigation may be the only avenue to a remedy.

Advocacy activities include:

- Investigating the possible expansion of diversion programs for youth with mental and emotional disabilities.
- Investigating confinement conditions in local and state juvenile facilities to determine if litigation would improve the treatment and services provided to youthful offenders who have mental and emotional disorders.
- Investigating the number of youths confined in local and state juvenile facilities to determine how many have undiagnosed disabilities that qualify for services under IDEA.
- Monitoring changes made as a result of litigation to ensure that they are implemented.

## Conclusion

This monograph has described the need for the development of child-serving systems that

would better identify youth with cognitive disabilities as soon as they display problematic behaviors. This practice would increase the likelihood that these young people could receive and benefit from appropriate interventions that may help them avoid contact with the justice system. Alternatively, if these youth are already incarcerated, they need appropriate treatment and services that can help them learn new patterns of behavior.

Currently, there is no organized advocacy effort on behalf of youth with cognitive and other disabilities involved in or at risk for involvement in the juvenile justice system. There is, however, an urgent need for one. Advocacy for this population should be guided by certain principles that are based on special education law such as the Individuals with Disabilities Education Act (IDEA). This monograph has suggested some specific advocacy strategies that would begin to address the pressing needs of youth with disabilities.

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**Appendix A**

Model Program for Youth With Cognitive Disabilities
Dyslexia Awareness and Resource Center (DARC)
Santa Barbara, California

DARC provides individual case advocacy to youth in the juvenile justice system that have undiagnosed cognitive or emotional disorders. The organization was founded to address concerns about the large numbers of young people in the juvenile justice system who have undiagnosed learning disabilities or attention deficit hyperactivity disorder, and who lack proper accommodations for their conditions. Before DARC was founded as a non-profit organization, there were no free or low-cost agencies in California helping this group of young people and their families.

Although DARC recognizes that each case is unique, the agency typically works to demystify the disability for parents and their children and to help them obtain appropriate education services and accommodations. DARC also assists families through the adjudication process, which often involves educating court personnel about dyslexia. The ultimate goal of DARC is to develop an appropriate educational and behavioral plan that will allow a child to break the cycle of behavior that caused them to come into contact with the juvenile justice system.

Demystify the Disability

DARC initially meets alone with parents to educate them about learning disabilities and/or attention deficit hyperactivity disorder (ADHD). It is helpful for parents to understand how disabilities affect their child at school, at home, and in society so that they themselves can become better advocates. Learning about ADHD and about the possibility that their child may be self-medicating with illegal drugs often makes parents more receptive to administering prescribed medications.

Seek Education Services

The DARC staff then meet with the young person and his or her family to explain the academic, social, and emotional impact of learning disabilities and ADHD on that child. This step helps young people feel more comfortable with their disabilities so that they can advocate for themselves. The goal is to help youth understand their disabilities and not feel ashamed of them. This will make them more willing to accept help such as special education services. Juveniles with ADHD often resist taking medication, but once they understand that their disability is common, they become more open to working with a doctor or a specialist.

When first meeting with parents, DARC staff describe educational entitlements for young people with disabilities. They interview the parents about their child's progress in every grade completed, review any available school records, and ask if parents requested the necessary testing for special education services or accommodations under Section 504. If the youth has not had a full diagnostic assessment, then DARC staff help parents obtain one so they can learn more about how disabilities affect their child's learning and behavior. By talking to parents and looking at school files, the staff may discover that the school has violated the youth's entitlement to educational services and will help parents request the necessary assessment and/or file an official complaint if they wish to do so.

DARC staff will help clients find the necessary remediation services for reading and writing; a trained counselor to help construct an effective behavior modification plan; and when necessary, medication. Since dyslexia (a specific reading disability) accounts for about 80 percent of learning disabilities, DARC staff help parents locate educational therapists who are specially trained to remediate reading, spelling, and writing problems.

Help Individuals and Families through the Adjudication Process

DARC accompanies families to court dates and meetings at school and continues to educate families about their child's disability and about the legal process. DARC provides advice, written materials, videotapes, and audiotapes that can provide more information for the family. DARC also provides services for adults since many parents of juvenile clients have their own undiagnosed

learning disabilities that impair their ability to navigate the legal system.

Educate Court Personnel about Disabilities

Helping families through the adjudication process usually involves educating court personnel about the youth's disabilities. DARC arranges meetings with the probation officer, the public defender, and the district attorney and attends probation and court hearings on behalf of the youth. DARC advocates are available to testify in court if needed. In some cases, the judge orders the child to serve community service hours at DARC.

Educate the Public

DARC works to inform the community about how undiagnosed and untreated learning disabilities and ADHD affect the youth, the family, and also the community. Since DARC opened 12 years ago, DARC staff have become community resources on learning disabilities and ADHD. They make presentations to groups such as local service clubs, police, judges, probation officers, district attorneys, and schools. DARC purchases books and videos on disabilities for legal agencies and supplies court personnel with copies of special education laws. DARC staff write articles for local newspapers and speak on radio and television about the nature of learning disabilities and ADHD.

**Appendix B**

National Resources for Professionals, Advocates, and Families

1. Children and Adults with Attention Deficit Disorders
   8181 Professional Place, Suite 201
   Landover, MD 20785
   (800) 233-4050
   Phone: (301) 306-7070
   FAX: (301) 306-7090
   Website: http://www.chadd.org

CHADD is a national non-profit organization representing children and adults with attention-deficit/hyperactivity disorder (AD/HD). CHADD works to improve the lives of people with Attention Deficit/Hyperactivity Disorder through education, advocacy, and support.
CHADD has a full-time advocate in Washington, D.C. Its Director of Government Relations works to build relationships with the United States Congress and administrative agencies such as the Department of Education, Health and Human Services and Defense in order to present the organization's perspective on legislation and policies affecting individuals with ADD. CHADD has also joined forces with other national disability, education and mental health organizations through coalitions in order to maximize the impact on federal policy.
CHADD is also working to develop State Councils to advocate for appropriate education, teacher training, insurance coverage and other community services for individuals with ADD. State Councils will also work with state legislators and governments to enact policies that have a positive impact on the lives of individuals with ADD.

2. Council for Exceptional Children
   Attn: Kathleen McLane and Nancy Safer
   1920 Association Drive
   Reston, VA 20191-1589
   Voice: (703) 620-3660
   TTY: (703) 264-9449
   FAX: (703) 264-9494
   E-mail: cec@cec.sped.org
   Website: http://www.cec.sped.org/home.htm

The Council for Exceptional Children (CEC) is an international professional membership association that is dedicated to improving education outcomes for children and youth with exceptionalities. CEC has over 53,000 members in every state, in Canada, and in many other countries. CEC has 17 subject-specific divisions, including the Council for Children with Behavioral Disorders.

3. Dyslexia Awareness and Resource Center
   Santa Barbara, CA
   (805) 963-7339

DARC is a non-profit organization that provides individual case advocacy to youth in the juvenile justice system who have undiagnosed cognitive or emotional disorders. It was founded to address concerns about the large numbers of children in the juvenile justice system who have undiagnosed learning disabilities or attention deficit hyperactivity disorder and who lack proper accommodations for their conditions. DARC typically works to demystify the disability for parents and children and help them obtain appropriate education services and accommodations. DARC also assists families

through the adjudication process, which often involves educating court personnel about the disabilities.

4. Federation of Families for Children's Mental Health
   1021 Prince Street,
   Alexandria, VA 22314-2971
   Voice: (703) 684-7710
   FAX: (703) 836-1040
   E-mail: ffcmh@ffcmh.org
   Website: http://www.ffcmh.org/

The Federation of Families for Children's Mental Health is a national parent-run organization focused on the needs of children and youth with emotional, behavioral, or mental disorders and their families. The Federation's MISSION is to: provide leadership in the field of children's mental health; address the unique needs of children and youth with emotional, behavioral, or mental disorders from birth through transition to adulthood; ensure the rights to full citizenship, support and access to community–based services for children with mental health needs and their families; and provide information and engage in advocacy regarding research, prevention, early intervention, family support, education, transition services and other supports needed by children and youth with emotional, behavioral, or mental disorders and their families.

5. Gains Center for People with Co-Occurring Disorders in the Justice System
   The GAINS Center
   Policy Research, Inc.
   262 Delaware Avenue
   Delmar, NY 12054
   (800) 311-4246
   FAX: (518) 439-7612
   E-mail: gains@prainc.com
   Website: http://www.prainc.com/gains

The National GAINS Center for People with Co-occurring Disorders in the Justice System was established in September 1995 and is a national locus for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come into contact with criminal justice systems. The Center is jointly funded by the Center for Mental Health Services, the Center for Substance Abuse Treatment, and the National Institute of Corrections.

GAINS Center staff and consultants collect information designed to influence the range and scope of mental health and substance abuse services provided in jails, prisons, and community corrections; tailor these materials to the specific needs of localities; and help localities plan, implement, and operate appropriate, cost-effective programs.

Additionally, GAINS Center staff collaborate with national experts, policy-makers, practitioners, researchers, consumers, and family members from the mental health, substance abuse, and criminal justice fields. They use the information they assemble to create innovative programs, provide technical assistance, convene interagency groups, develop a bibliographic database, and generate policy statements on key issues affecting the treatment and management of people with co-occurring disorders in the justice system.

The GAINS Center helps localities design, implement, and operate integrated systems of services for the treatment and management of individuals in the justice system.

6. Juvenile Law Center
   801 Arch Street, Suite 610
   Philadelphia, PA 19107
   Phone: (215) 625-0551
   FAX: (215) 625-9589
   E-mail: HN2403@handsnet.org
   Website: http://www.usakids.org/sites/jlc.html

The Juvenile Law Center is a nonprofit, public interest law firm which advances the rights of children involved with public agencies by working for the reform and coordination of the child welfare, juvenile justice, mental health, and public health care systems.
The Juvenile Law Center advocates and litigates for children on issues such as child welfare, juvenile justice, and health care. The center recently funded and participated in the National Association of Child Advocates' Juvenile Justice Project.
Abuse, neglect, and adoption cases form the bulk of the center's work. The center has worked to increase the number of competent attorneys available to children in the child welfare and juvenile justice systems.

7. Learning Disabilities Association
   4156 Library Road
   Pittsburgh, PA 15234-1349
   (412) 341-1515 (voice)
   FAX : (412) 344-0224
   E-mail: ldanatl@usaor.net
   Website: http://www.ldanatl.org

LDA is the largest non-profit volunteer organization advocating for individuals with learning disabilities. LDA has 50 state affiliates and more than 600 local chapters in 50 states, Washington DC, and Puerto Rico. Membership totals more than 50,000. The membership, composed of individuals with learning disabilities, family members and concerned professionals, advocates for the over two million students of school age with learning disabilities and for adults affected with learning disabilities. The state and local chapters, through their affiliation with the National LDA, work continuously for individuals with learning disabilities, their parents and the professionals who serve them.

8. National Center for Learning Disabilities
   381 Park Avenue South, Suite 1401
   New York, NY 10016
   (212) 545-7510
   FAX: (212) 545-9665

NCLD is a national non-profit membership organization that provides free information and referral service, conducts educational programs, produces videos, holds national conferences, raises public awareness, and advocates for improved legislation and public policy. Since 1986 NCLD has launched a stream of articles on Juvenile Delinquency and Learning Disabilities in their annual publication "Their World". NCLD has funded projects that produced training manuals for judges and lawyers on LD/JD.

9. National Council of Juvenile and Family Court Judges
   University of Nevada
   P.O. Box 8970
   Reno, NV 89502
   (702) 784-6012
   Website: http://www.ncjfcj.unr.edu

The National Council's commitment to excellence in the nation's juvenile courts began in 1937 when a group of leading judges sought to bring together judicial officers. The purpose was two-fold: to focus attention on the concept of a separate tribunal for children and to encourage the development of essential treatment programs for children with special needs.

10. National Mental Health Association
    Attn: Michael Faenza
    1021 Prince Street
    Alexandria, VA 22314-2971
    Phone: (703) 684-7722
    FAX: (703) 684-5968
    E-mail: nmhaprev@aol.com
    Website: http://www.nmha.org/

Through its national office and more than 300 affiliates nationwide, the National Mental Health Association is dedicated to improving the mental health of all people and achieving victory over mental illness. The organization is collecting information from 16 state affiliates about the prevalence of mental health and substance abuse issues in local and state juvenile systems. The survey, a cooperative venture with the Gains Center for People with Co-Occurring Disorders in the Justice System, will be completed by fall 1999 and will include information on current policies and programs serving youth with disorders in the justice system.

11. PACER Center, Juvenile Justice Project
    Parent Advocacy Coalition for Educational Rights
    4826 Chicago Ave. South
    Minneapolis, MN 55417
    (612) 827-2966
    E-mail: webster@pacer.org
    Website: http://www.pacer.org

PACER Center is a nonprofit, tax exempt Minnesota statewide organization begun in 1977.
PACER's mission is to improve and expand opportunities that enhance the quality of life for children and young adults with all disabilities - physical, mental, emotional, learning - and their families.
PACER now offers 20 major programs, including Parent Training programs, programs for students and schools, and technical assistance to parent centers both regionally and nationally.
PACER's programs help parents become informed and effective representatives for their children in early childhood, school-age and vocational settings. Through knowledge about laws, resources and parents' rights and responsibilities, families are better equipped to work with agencies to obtain appropriate services for their sons and daughters. In 1994 PACER Center received funding to establish an innovative juvenile justice training project. PACER developed this initiative because of trends observed in their research and in work with youth with emotional, behavioral, learning and, developmental disabilities.

The JJ Project provides information to families, educators and professionals about special education law, disabilities and the relationship between disabilities and juvenile justice issues, including multiple risk factors that lead to antisocial behavior.

12. The Arc
    The Arc of the United States
    500 East Border Street, Suite 300
    Arlington, Texas 76010
    (817) 261-6003
    FAX (817) 277-3491
    (817) 277-0553 TDD
    E-mail: thearc@metronet.com
    Website: http://www.thearc.org

The Arc is the country's largest voluntary organization committed to the welfare of all children and adults with mental retardation and their families. The Arc is a 501 ( c) (3) charitable non-profit organization supported by contributions from the general public. The Arc, with its rich history in advocacy and services, is comprised of individuals with mental retardation, family members, professionals in the field of disability and other concerned citizens. The Arc works through education, research and advocacy to improve the quality of life for children and adults with mental retardation and their families and works to prevent both the causes and the effects of mental retardation.
Some state-level programs address the special needs of this population of young people. Contact the National Office to obtain information for state affiliates.

13. National Tourette Syndrome Association
    42-40 Bell Boulevard
    Bayside, New York 11361-2820
    (718) 224-2999
    FAX: (718) 279-9596
    E-mail: tourette@ix.netcom.com
    Website: http://tsa.mgh.harvard.edu/

TSA is a national non-profit voluntary health organization with 54 chapters in the USA and over 30 contacts in other countries Members include people with TS, their relatives and other interested, concerned supporters.
As a result of TSA's medical and public education, the gap between symptom onset and a diagnosis has narrowed to the point where families are diagnosed more quickly than in the past when it could take 10 years or more.
National TSA remains the primary source of accurate and up-to-date information about TS, its treatment, relevant scientific research and consumer services. TSA publishes a quarterly newsletter (40,000 readers), maintains a crisis hotline, produces valuable literature for people with TS and their families, medical and allied professionals, educators, and legislators.
A national police awareness program was organized in 1996 to educate officers about Tourette Syndrome. Educational materials were sent to 300 law enforcement agencies, including a video, *Not the Usual Suspect*; posters for police department bulletin boards; information pamphlets; and a questionnaire for in-service training programs. The program materials are still available by contacting the national office, and are also currently being updated.

14. Youth Law Center

(Children's Legal Protection Center)
114 Sansome Street, Ste. 950
San Francisco, CA 94104-3820
(415) 543-3379
FAX: (415) 956-9022
E-mail: Info@youthlawcenter.com
Website: http://www.youthlawcenter.com

The Youth Law Center is a non-profit, public interest law office that has worked to protect abused and at-risk children since 1978. With offices in San Francisco and Washington, D.C., the Center works nationally to serve children, focusing particularly upon the problems of children living apart from their families in child welfare and juvenile justice systems.

Staff attorneys investigate reports of abuse of children in adult jails, juvenile detention facilities, state institutions, and child welfare systems, and use training, technical assistance and negotiation to bring about needed change. The Center uses litigation as a last resort to protect children and ensure humane treatment.

The Center's services include consultation, technical assistance, the provision of written material and co-counseling selected cases affecting large numbers of children. The Youth Law Center also collaborates with other advocates.

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*Office of Educational Research and Improvement (OERI)*
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*Educational Resources Information Center (ERIC)*

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